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# Draft country programme document**

## The Republic of Guinea

*Summary*

The draft country programme document for the Republic of Guinea is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $17,000,000 from regular resources, subject to the availability of funds, and $27,200,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006 at the same time as the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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| *Basic data*[a] *(2004 unless otherwise stated)*[b] | |
|---|---|
| Child population (millions, under 18 years) | 4.6 |
| U5MR (per 1,000 live births) | 155 |
| Underweight (% moderate and severe) | 26 |
| Maternal mortality ratio (per 100,000 live births) (1992-1999)[b] | 530 |
| Primary school attendance (% net, male/female) | 59/54 |
| Primary schoolchildren reaching grade 5 (%) (2003) | 94 |
| Use of improved drinking water sources (%) (2002) | 51 |
| Adult HIV prevalence rate (%) (end 2003) | 3.2 |
| Child work (%, children 5-14 years old) | — |
| GNI per capita (US$) | 460 |
| One-year-olds immunized against DPT3 (%) | 69 |
| One-year-olds immunized against measles (%) | 73 |

[a] More comprehensive data on children and women are available at www.unicef.org.
[b] UNFPA/WHO/UNICEF.

## The situation of children and women

1. Guinea is going through a profound political and socio-economic crisis. The population, estimated at 9.1 million inhabitants, of whom 50 per cent are younger than 18 years of age live in conditions that remain among the worst on the continent. From 2000 to 2005 there was little or no progress towards achieving the Millennium Development Goals apart from the significant progress towards universal school enrolment.

2. Millennium Development Goal 5 (reducing the maternal mortality ratio) continues to be a major challenge. On the other hand, Goal 4 (reducing the under-five mortality rate) could be achieved through an annual reduction of 5 per cent. The main causes are malaria, neonatal problems, pneumonia and diarrhoea, due in 50 per cent of cases due to malnutrition. Twenty-six per cent of children are underweight and 35 per cent suffer from stunted growth. Attempts to provide health care are stymied by management and logistical constraints, a dysfunctional health system and shortages of medications, vaccines and essential supplies at hospitals, clinics and health-care centres.

3. The proportion of the population with access to safe drinking water is 51 per cent. The quality of water deteriorates in most cases (66 per cent) between drawing and consumption. The sanitation situation is still more worrisome, with hygienic latrines being available to only 28 per cent of the population. Regarding rules of hygiene, only 50 per cent wash their hands with soap and water after moving their bowels, 8 per cent after washing a child's anal area, 26 per cent before eating and 3 per cent before feeding their children. Hence, cholera persists in Guinea and has for some years, making the country a significant locus of the endemic disease.

4. The gross school enrolment ratio increased from 60 to 77 per cent from 2000 to 2004, according to statistics for the school year 2004/05. School enrolment for young girls faces sociocultural obstacles as well as the current limitations of the school system in Guinea. In the year 2000, 51 per cent of girls were enrolled in

school, whereas in 2004 the rate had increased to 70 per cent. This positive trend, which has been noted for several years now, reduced the school enrolment gap between girls and boys from 31 per cent in 1997 to 11 per cent in 2005. Preschool education and literacy are increasing very slowly, and one school-age child in four does not yet enjoy his or her right to quality basic education. The causes have to do with inadequate infrastructure and personnel planning, a small education budget and a dearth of school textbooks and teaching materials.

5. The prevalence of HIV infection among men and women aged 15-49 was 1.5 per cent, with a rate of 2.4 per cent in urban areas and 1 per cent in rural areas in 2005 according to the demographic and health survey. The rate is higher among women, 2 per cent, as compared to 1 per cent for men. Among young people aged 15-24, the rate is 2.4 per cent among females, as opposed to 1.2 per cent among males. The victims of this pandemic are increasingly to be found among females and among the young. The infection rate among prostitutes rose from 32 per cent in 1995 to 42 per cent in 2002. The prevalence of HIV infection among children is estimated at 3 per cent of the 9,279 cases of AIDS reported from 1981 to 2001, and 6,520 new paediatric infections are expected in 2006. The low rate of condom use is the immediate cause for the spread of HIV/AIDS, and this is compounded by a dearth of facilities to respond to the situation, the near absence of sex education in the school and university curricula and poor coordination on the part of the actors involved.

6. Of the 4.6 million children, over 600,000 work or beg to provide for their own needs and those of their families; 420,000 are orphans, of whom 35,000 were orphaned as a result of the AIDS epidemic. The rate of registration of births, although increasing, remains low (38 per cent). An increasing number of children and women are victims of violence and abuse. The practice of excision persists and is performed on 96 per cent of women. There is also the issue of children affected by or involved in armed conflict. Child protection problems are primarily concentrated in urban areas, near mining operations and in areas of population movement (at the junctions of major travel routes, border areas).

7. The security situation both domestically and externally continues to be cause for concern. Recent positive developments within the Mano River Union (Guinea, Liberia, Sierra Leone), the holding of presidential elections in Liberia in acceptable conditions and the appointment of a new prime minister by consensus in Côte d'Ivoire have all contributed to calming the climate of crisis and insecurity, particularly along the borders. Domestically, the fact that various demands contained in an opposition memorandum have been satisfied has led to the easing of political tensions. However, the results of district and community elections have been contested by opposition parties, who have suspended their participation in the National Assembly

8. The country continues to face difficulties in financing development. There has been a general decline in official assistance, and certain bilateral partners have withdrawn. The Government has launched a diplomatic offensive vis-à-vis its bilateral and multilateral partners which has resulted in an agreement on an interim programme with the International Monetary Fund and the World Bank and some financing agreements for projects in priority sectors (education, health, agriculture, housing/urban development, local communities/decentralization). Moreover, negotiations with the European Union have led to a resumption of the cooperation

frozen since 2003 and to the relaunching of direct financial assistance. However, the key problem has to do with poor governance. Thus, support for political, economic and institutional governance has been identified as a priority area in the United Nations Development Assistance Framework (UNDAF) 2007-2011.

9. In spite of the delay in submitting the periodic report on the Convention on the Rights of the Child to the Committee on the Rights of the Child, the will manifested by the Guinean Government to protect the rights of the child has led to: (a) the development of a Guinean children's code; (b) the signing of two multilateral protocols of agreement with the countries of the West African subregion on trafficking in children and development of a national plan of action; and (c) efforts to prevent the recruitment of children into the armed forces and armed groups.

**Key results and lessons learned from previous cooperation (2002-2006)**

**Key results**

10. In the area of child survival, between 2003 and 2005 there was a decrease in child morbidity from measles and neonatal tetanus, and no cases of poliomyelitis were reported in 2005. The national vaccine supply and the revitalization of immunization services supported in 12 health districts by UNICEF has led to an increase in DTC3 immunization coverage from 58 to 86 per cent and an increase in the proportion of children fully immunized from 32 to 37 per cent. In collaboration with the World Health Organization (WHO), the National Immunization Days were supported by all of the Inter-Agency Coordinating Committee partners. The implementation of a recent protocol of agreement with the Government on vaccine independence will ensure the availability of vaccines. UNICEF has also supported a vitamin A supplementation effort, which has reached more than 3.3 million children annually, and the launching of integrated management of childhood illness, including the promotion of insecticide-treated mosquito nets. The success of the extension to six prefectures of the regional emergency obstetric and neonatal care strategy has led to the development of a strategic plan for the period 2005-2015 to accelerate the reduction in maternal and neonatal mortality and to the signing of a protocol of agreement with the African Development Bank in 2005 for funding to cover three new prefectures.

11. In 2005 the school enrolment gap between boys and girls was only 11 points. The advocacy effort developed by UNICEF in the framework of the United Nations Girls' Education Initiative has led to a commitment on the part of all of the Education For All partners to sign a protocol of agreement. Emphasis has been placed on building or renovating schools to make them more attractive and functional, with equipment, textbooks, teacher training and participatory community management, particularly by women in the framework of the "child-friendly, girl-friendly schools" initiative. Thus, 81,000 children of school age, 70 per cent of them girls, have been reached by the programme. The community initiative has also been promoted in the framework of the early childhood development programme. More than 100 community supervisory centres have been set up using the communities' own funds as well as those of women's groups in the programme target area.

12. The key results obtained in the area of child protection include increased knowledge about protection problems as a basis for the Government's operational policies; the strengthening of the legal framework as a result of the harmonization of

domestic legislation with conventions and other international instruments; and pilot projects (reunification of 2,100 separated children with their families; provision of care to 1,500 orphans and vulnerable children; reintegration of 1,500 working children and young people into the school system).

**Lessons learned**

13. The conclusions and recommendations of the mid-term review carried out in November 2004 related to shifting the focus of the programme to the Millennium Development Goals, particularly Goals 2, 4, 5 and 6, with a concentration of resources on replicable projects that deliver results and on efficient lower-cost activities, along the lines of the Accelerated Child Development and Survival Strategy which in two years resulted in a 12-per-cent reduction in the under-five mortality rate. This strategy, approved by the Ministry of Health and its partners, will be consolidated and implemented on a larger scale, in partnership with the Agency for International Development, the World Bank, the European Union and the African Development Bank.

14. Malaria continues to have a considerable socio-economic impact. The use of impregnated mosquito nets is not common in Guinea. The self-assessment tool for malaria competence has been successfully implemented in two rural development communities. It has led to rapid and widespread results in terms of acceptance and use of impregnated mosquito nets and has thus proved to be a powerful transformational leadership tool for the empowerment of communities in combating this scourge.

15. The geographic convergence strategy has involved the concentration and decentralized management of the operations of the Guinea-UNICEF 2002-2006 cooperation programme. The strategy was piloted in four prefectures chosen on the basis of the vulnerability of their populations as a result of an emergency situation. To combine emergency action with development, interventions involved the implementation of a package of activities in the areas of health and nutrition, early childhood development and education, protection, capacity-building of prefectural technical services and empowerment of communities. The implementation of this strategy in these prefectures has yielded the following results: immunization coverage of more than 85 per cent in the convergence areas, compared with 70 per cent nationally in 2004; (b) strong demand for impregnated mosquito nets within communities; (c) the commitment of the authorities to promote and ensure respect for the right to protection of vulnerable children and women; (d) a noticeable increase in the girls' school enrolment rates, with an increase of 17 percentage points in Forécariah compared with 12 points nationally in 2004; and (e) women's groups taking over the running of community supervisory centres, and the establishment of 100 community supervisory centres on the initiative of, and funded by, the communities themselves. Thus, it shows that in an emergency situation or difficult macroeconomic context, the decentralization of the management of the programme and the concentration of activities in a limited geographic area can improve the performance of projects and their impact on beneficiaries. Such a strategy could be a decisive factor in a harmonized approach to interventions, based on active partnership and an effective mobilization of resources.

## The country programme, 2007-2011

### Summary budget table

| | *(In thousands of United States dollars)* | | |
|---|---|---|---|
| *Programme* | *Regular resources* | *Other resources* | *Total* |
| Childhood survival and development | 4 525 | 7 500 | 12 025 |
| Basic education and equity | 3 610 | 5 900 | 9 510 |
| Protection of women and children | 3 110 | 5 800 | 8 910 |
| Water, hygiene and sanitation | 375 | 506 | 881 |
| Social policies and advocacy AIDS | 1 560 | 2 500 | 4 060 |
| Cross-sectoral costs | 2 155 | 0 | 2 155 |
| **Total** | **17 000** | **27 200** | **44 200** |

### Preparation process

16. This document is the culmination of a participatory strategic planning process during which the common country assessment was drawn up, based on the realization of the Millennium Development Goals and approved by the Government. This intensive process required the active involvement of all the United Nations agencies with the support of the group on programme harmonization, the Government, through the working groups on the poverty reduction strategy, and representatives of civil society.

17. The strategic planning workshop was attended by officials at the highest levels of the Office of the Prime Minister, the Ministries of Cooperation, Planning and Finance, sectoral departments and the permanent secretariat for the poverty reduction strategy. Five priority areas for cooperation were identified with the Government and are expanded on in the United Nations Development Assistance Framework (UNDAF) results matrix. They relate to: (a) governance; (b) growth; (c) equitable access to social services; (d) combating AIDS, malaria and tuberculosis; and (e) preservation of the environment.

### Goals, key results and strategies

18. The programme contributes to three of the five UNDAF intended outcomes. Its goal is to ensure that by 2011 children's and women's rights are recognized, respected, promoted and protected, and that maternal and under-five mortality is reduced by 30 per cent.

19. To this end, five key sectoral programme expected results were identified: (a) the incidence of childhood illnesses and disabilities, nutritional deficiencies and complications in pregnancy will be reduced, and parent-to-child transmission of HIV and the impact of HIV/AIDS will be reduced among infants, children, young people and women; (b) in the target areas at least 95 per cent of children will have access to quality education and early-learning services and acquire the necessary life skills, including AIDS prevention, and 80 per cent of enrolled children will

complete primary education; (c) vulnerable groups, children, women and young people will enjoy their right to protection against discrimination, and 30 per cent will have access to social and specialized services; (d) at least 60 per cent of families, communities and schoolchildren in the poorest rural areas will consume safe drinking water, 25 per cent will use hygienic latrines, observe basic hygiene rules and enjoy a healthy environment; and (e) social policies for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will be promoted at the national, community and family levels; mechanisms for ongoing analysis of the situation of children and women will be developed and disseminated; the vulnerability of children and women to major scourges, notably AIDS and malaria, will be reduced.

20. The programme will consolidate the operational strategies successfully developed in the previous programme, notably in the prefectures of Kissidougou, Dabola, Forécariah and Kindia, and extend them to the poverty areas of Haute Guinée, Moyenne Guinée and Guinée Forestière, in partnership with United Nations agencies. The focus will be on the following aspects: national capacity-building in the development and management of sectoral policies; support for improving the quality of services; and the development of an essential services package, which is flexible in terms of emergency preparedness and response.

21. These activities will be implemented following a two-pronged geographic approach, taking equity into account. At the national level, the focus will be on: (a) national and regional capacity-building for strategic planning, including monitoring and evaluation mechanisms, a rights-based approach and results-based management; (b) routine immunization, the promotion of micronutrients and impregnated mosquito nets; (c) the promotion of lower-cost sanitation technologies; (d) support for better learning conditions through the provision of school kits and manuals; (e) the participation of young people, notably in the children and AIDS campaign. In poverty areas, which comprise 18 prefectures or 42 per cent of the total population, the focus will be on: (a) strengthening prefectural capacity for the improved provision of quality social services; (b) the concept of child-friendly schools and education in citizenship in schools; and (c) community empowerment for the emergence of a community committed to sustainable human development, particularly the promotion of the development of young children and respect for their rights. In order to respond to emergencies, a contingency plan, updated regularly, will be included in each component of the programme. UNICEF will support the Government in the elaboration and widespread implementation of a communication strategy on avian flu, adapted to local conditions, while building capacity to ensure the health and well-being of the population, particularly children, through the adoption of hygiene and nutrition behaviour and practices to contain the spread of the disease.

22. UNDAF 2007-2011 establishes favourable conditions for a synergetic partnership and a comprehensive national capacity-building strategy. In this framework, the operational option of strengthening institutional governance at the regional level, with the establishment of a focal point, will facilitate the follow-up of the Millennium Development Goals at the decentralized level. With the support of United Nations agencies, the eight focal points will supervise the preparation of regional development plans in keeping with the Millennium Development Goals, the

priorities of the poverty reduction strategy and the needs defined at the local level by the regional development cooperation initiative.

**Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)**

23. In accordance with the national priorities identified in the poverty reduction strategy, the common country assessment (CCA) and the analysis of the situation of children and women, the new cooperation programme is based on: (a) the strategic plan under the expanded programme on immunization (2006-2010); (b) the strategic plan to reduce maternal and neonatal mortality (2005-2015); and (c) the National Education for All Plan of Action, in addition to the strategic frameworks of the national programmes to combat HIV/AIDS and malaria. The key-expected results should contribute to the achievement of the UNDAF strategic outcomes relating to (a) institutional governance; (b) equitable access to basic social services; and (c) combating HIV/AIDS, malaria and tuberculosis.

**Relationship to international priorities**

24. The priority areas of the new programme, in keeping with the Millennium Development Goals and the focus areas identified in the medium-term strategic plan for 2006-2009 are child survival and development; basic education and equity; protection of children and women; access to water, hygiene and sanitation; social policies and advocacy for children's rights; prevention of HIV/AIDS; and promotion of gender equality. By encouraging the participation of all actors and strengthening capacity at the national and community levels and among women and children, the programme will promote a culture of respect for human rights, sensitize duty bearers and raise the awareness of rights holders.

**Programme components**

25. **Child survival and development**. This programme comprises four projects: (a) the expanded programme on immunization; (b) access to quality child and maternal health care; (c) nutrition; and (d) prevention of parent-to-child transmission of HIV. The nationwide expanded programme on immunization will help to reduce the incidence of preventable childhood illnesses and disabilities. The aim is to immunize at least 90 per cent of children under one year of age and of pregnant women in order to wipe out poliomyelitis, eliminate maternal and neonatal tetanus and control measles, and to provide vitamin A supplementation, including to population groups in emergency situations. Access to quality child and maternal health care will be improved and coverage will be raised to 80 per cent in target areas (poverty areas). Health care centres and the community will provide quality preventive care and integrated management of childhood illnesses; 60 per cent of women will have access to and make use of quality health care during pregnancy, at childbirth and post-partum, their access to services being facilitated by sharing arrangements. At the national level the nutrition project will promote intake of micronutrients (vitamin A, iodine, iron and zinc), and at the community level the support of local associations, non-governmental organizations and health management committees will teach communities and families how to adopt good health and nutrition practices to overcome protein-energy malnutrition, particularly in poverty areas. The project on prevention of parent-to-child transmission of HIV will strengthen the national management strategy. It will facilitate access to preventive care for 60 per cent of pregnant women; 80 per cent of pregnant women

and children infected with and/or suffering from HIV/AIDS will receive effective medical and psychosocial care.

26. **Basic education and equity**. This programme comprises three projects: (a) preschool education; (b) primary education; and (c) non-formal education for young people. Preschool education will be developed in poverty areas with the support of the communities, so that at least 30 per cent of children of preschool age (3-6 years), including children in emergency situations, will have access to early-learning programmes that will prepare them for school. The primary education project will enable at least 95 per cent of children of school age (7-12 years), a majority of them girls, to enrol in school, learn life skills, in particular how to protect themselves against AIDS, and complete the primary level of education in a healthy, safe environment favourable to equity and participation. The non-formal youth education project will reach at least 50 per cent of young people 13-18 years of age who have not had schooling or have dropped out of school, a majority of them girls, in order to facilitate their enrolment in a non-formal quality basic education programme that will give them skills to pursue their studies and to protect themselves against AIDS.

27. **Protection of children and women**. This programme comprises three projects: (a) protection policy; (b) combating exploitation and abuse; (c) orphans and other vulnerable children. The protection policy project will develop a system of information management, monitoring and operational evaluation for the purpose of gathering information on child abuse and devising coordinated action plans, enforcing the law and training professionals. The project on combating exploitation and abuse will seek to provide direct responses to protection problems with an emphasis on the participation of those affected. The third project will put in place a legal framework for protection of orphans and vulnerable children and will address at least 30 per cent of cases.

28. **Water, hygiene and sanitation**. This programme comprises three projects: (a) water, hygiene and sanitation policy; (b) access to water and sanitation; (c) education in good hygiene. The first project will facilitate the establishment of a framework for concerted action by all stakeholders, the formulation of a sectoral policy and the elaboration of a strategic plan for supplying water and sanitation to rural areas by the year 2015. The access to water and sanitation project will create 250 new modern water points, strengthen the mechanisms for maintenance and upkeep of the water points and monitoring of water quality and promote SanPlat-type hygienic latrines in 60 per cent of the regional development cooperation initiatives. The education in good hygiene project will seek to promote a healthy school environment attractive to students; it will cover all schools in poverty areas through hygiene education for teachers, students and parents, with outreach to the communities.

29. **Social policies and advocacy/AIDS**. This cross-cutting programme comprises three projects: (a) strategic planning; (b) advocacy; and (c) community participation. The strategic planning project aims at creating national capacity in the areas of planning, monitoring and evaluation using a rights-based and results-based approach in order to strengthen intersectoral coordination, the monitoring of the priorities identified in the country programme and poverty reduction strategy, ongoing analysis of the situation of children and women and emergency preparedness and response. The advocacy project aims at developing a communication and advocacy strategy to promote the sustained involvement of the media, political leaders, civil society and public opinion in the Millennium Development Goals, children's rights

issues, partnership and the "Unite for Children, Unite against AIDS" campaign, with the participation of young people, particularly in the fight against AIDS. The project also aims at developing a resource mobilization strategy involving adapted communication materials and visits to donors. The Government will be asked to make its contribution to the UNICEF budget. The community participation project is designed to strengthen community capacity to manage and implement a road map for achieving the Millennium Development Goals, with particular stress on actions to promote child survival and development and AIDS prevention.

30. **Cross-sectoral costs**. These amounts will go to improving operational, logistic and management capacity across the entire programme. In particular, they respond to concerns to strengthen national capacity for better management of advances to the Government and supplies. Management will be reinforced by auditing teams from Government services and from the Supply Section.

**Major partnerships**

31. The joint project to resume activities in the Guinée Forestière region offers the opportunity for a close partnership involving all the United Nations agencies, the World Bank, the European Union, civil society organizations and international non-governmental organizations. Components on conflict prevention and combating AIDS will supplement the components on communication, advocacy and mobilization of the communities towards the achievement of the Millennium Development Goals.

32. A memorandum of understanding with the World Food Programme (WFP) is in preparation and will be signed in 2006. Areas of cooperation are also being developed with the United Nations Development Programme (UNDP) and will take the form of joint projects on strengthening institutional governance. With the United Nations Population Programme (UNFPA) UNICEF shares an area office in Nzérékoré on a co-management basis; areas of cooperation will be confirmed at the next joint strategy meeting.

33. A financing agreement for over $2 million for three years for the water, hygiene and sanitation programme was obtained from the European Union under the ninth European Development Fund. The World Bank is preparing to finance the early childhood project and the essential learning package.

**Monitoring, evaluation and programme management**

34. Programme coordination will be handled by the Government through the Central Coordination Unit, already operational, under the Ministries of Cooperation, Planning, Decentralization and Economy and Finance. The Unit will receive technical support from UNICEF multidisciplinary teams. Planning, execution and monitoring of the programmes and projects will be done in collaboration with the sectoral steering committees set up for that purpose at the central and decentralized levels with the support of the regional focal points for the Millennium Development Goals. Overall monitoring of the programme will be handled through a five-year integrated monitoring and evaluation plan. The plan will include a situation study (a multiple indicator cluster survey, or MICS) in 2007, joint monitoring missions, periodic progress reviews, annual reviews, a midterm review in June 2009 and a demographic and health survey conducted jointly with the Government in 2010.